

Sheriff

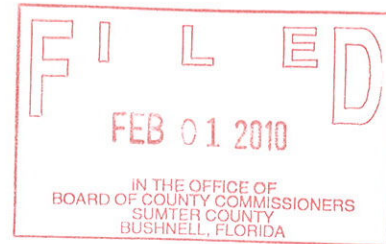
(352) 793-0222



WILLIAM O. "BILL" FARMER, JR. – SUMTER COUNTY

MEMBER, FLORIDA SHERIFFS ASSOCIATION
1010 NORTH MAIN STREET
BUSHNELL, FLORIDA 33513

January 6, 2010



Honorable Doug Gilpin, Chairman
Board of County Commissioners
Sumter County
Bushnell, FL 33513

Chairman Gilpin:

On December 9, 2009 we forwarded a copy of the Regional Peer Review Inspection Team inspection report. The Medical Department of the Jail was unable to have their inspection on this date due to the inspector being unavailable. The inspection of the medical department was conducted on December 18, 2009 and no deficiencies were found in this area. A copy of the inspection report is attached.

If you should have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Thomas G. Moffitt", with a long horizontal flourish extending to the right.

Thomas G. Moffitt
Captain
Jail Administrator
Sumter County Detention Center

Copy To:

Comms	_____	Pub Wks Div	_____
Co Atty	_____	Bldg & Dev Div	_____
Co Fin	_____	Admin Div	_____
Other	_____	Corn Svcs Div	_____

FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT

To: Capt. Tom Moffitt, Facility Administrator

From: Marietta Hardy, RN, FMJ Medical Inspector 

Date: December 18, 2009

Thank you for the opportunity to perform the annual FMJ annual medical inspection at your facility. The medical staff was very helpful. They answered questions and assisted me as needed.

The medical unit was neat, clean and organized. I did not find any deficiencies in your medical unit.

Again, Thank you for the opportunity to visit your jail.

APPENDIX D

FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT

Part I – Facility Identification

Name of Facility: Sumter County Detention Facility

Facility Type: Jail

Mailing Address: 219 East Anderson Avenue

City: Bushnell County: Sumter Phone: 352-793-0225

Agency Head: William O. Farmer Jr. Facility Administrator: Capt. Tom Moffitt

Chairperson – County Commission: Doug Gilpin

Date and time of Inspection: 12/18/2009

Date of Last Inspection: 2008

Health Care Services Provided By: Agency Staff ☒ Contract ☒

If Provided By Contract, Company Name: Langley Medical Center

Health Services Administrator: Judy Robbins, RN

Medical Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

Marietta Hardy, RN, H.S.A at Alachua County Jail for Prison Health Services

2.

3.

4.

5.

Facility Population on Date of Inspection: 271

Health Services Staff:	Males	Females
Physicians	<u>1</u>	<u>1</u>
ARNP/PA	<u></u>	<u>1</u>
RNs	<u></u>	<u>1</u>
LPNs	<u>1</u>	<u>2</u>
CNAs	<u></u>	<u>1</u>
EMTs	<u></u>	<u></u>
Other Staff	<u></u>	<u>1</u>
TOTALS	<u>2</u>	<u>7</u>

PART II - MEDICAL SECTION

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

	YES	NO	N/A
1. Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section? Sec.7.01 & 7.02	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there standard operating procedures for the medical section, which is reviewed at least annually by the Health Authority that covers:			
a. Medical screening	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health appraisal	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical exam	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Necessary medical, mental, and dental services	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency medical and dental services	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Notification of next of kin in case of life threatening illness, injury, or death	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prenatal care	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Delousing procedures, approved by the Health Authority	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Detox procedures under medical supervision	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Control of pharmaceuticals in compliance with FSS 893	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Procedures for the facility physician to review health appraisals and identify problems	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Comprehensive quality improvement system	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the screening at receiving consist of, at a minimum, a visual observation by staff and completion of a screening form?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the screening include inquiry into and logging of: Sec. 7.03			
a. Current illnesses and health problems, including any infectious diseases	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medications being taken and special health needs	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior condition such as mental state	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Notation of observable deformities or injuries	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Skin and body condition, such as rashes, needle marks, etc.	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inquiry into drug and alcohol use, method, and amount	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
g. Any other health problem as designated by medical staff	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are medical records maintained on each admitted for at least seven years following release, transfer or death? (Records may be maintained in hard copy or electronic format.) Sec. 7.15	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each inmate given a health appraisal, including physical hands on examination by appropriately trained medical personnel within 14 days of admission? Sec. 7.05	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Health Authority proscribe the extent of the examination, but include as a minimum: (Sec. 7.05)			
a. Review of screening forms	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collection of additional for medical, dental, and psychiatric and immunizations histories including gynecological histories for females	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Laboratory or diagnostic tests as deemed necessary by the Health Authority to detect communicable diseases	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recording of height, weight, pulse, blood pressure, and temperature	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other tests or exams as deemed appropriate	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical examinations with comments about mental and dental status	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Review of all results by a physician when required by Section 7.02 (j) of this standard	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the form used for the health appraisal approved by the Health Authority? (Sec. 7.05 (h))	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the facility have an agreement or understanding with one or more health care providers for emergency or regular medical services within the facility or at a designated location? Sec. 7.06	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Sec. 7.07	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are first aid supplies, as designated by the Health Authority, readily available in the facility at all times? Sec. 7.08	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are personnel trained in first aid on duty at all times as required by FSS 943? Sec. 7.08	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
13.	Does the Health Authority or designee inspect all first aid supplies monthly? Sec. 7.08	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is a procedure established and maintained that allows for inmates to submit a written request for medical care which may or may not require a clinical visit? Sec. 7.09	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are all such medical requests screened daily by designated medical personnel who will make appropriate referrals? Sec. 7.09	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are all requests received during formal sick call or medication rounds screened and referred when received? Sec. 7.10	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is a sick call procedure established and maintained for inmates to report for and receive appropriate medical services for non- emergency illness or injury? Sec. 7.10	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is a sick call procedure made available daily and supervised by the Health Authority? Sec. 7.10	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Sec. 7.11	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the facility have an agreement or understanding with a licensed dentist to provide emergency dental care? Sec. 7.12	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are medications administered according to the directions of a designated physician? 7.14	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility and written approval of the inmate? Sec. 7.16	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Are inmates who are admitted under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time? Sec. 7.17	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Unless authorized in writing by the Health Authority or designee, inmates determined by medical to have suicidal tendencies or suffer from seizures are assigned to quarters that have close supervision or direct observation? Sec. 7.18	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are certificates and licenses of facility medical staff kept on file at a central location within the facility? Sec. 7.20	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with guidelines established by the Center for Disease Control? Sec. 7.21	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are inmates test results confidential and shared only with	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

those that have a need to know? Sec. 7.22

	YES	NO	N/A
28. Are inmate test results exempt from public records law, FSS 119? Sec. 7.23	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is inmate test results part of the inmate's permanent medical record? Sec. 7.24	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Upon transferring an inmate to another facility, does a summary or a copy of the inmate's medical file accompany the inmate to the receiving facility? Are the medical records sealed in an envelope marked "Confidential Health Information"? Sec. 7.16 & 7.24	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do pregnant inmates receive prenatal care and necessary treatment for their condition and exempt from inappropriate work details as determined by medical personnel? Sec. 7.25	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. When an inmate is confined for medical reasons, is he/she examined by a physician or designee within 48 hours? Sec. 7.26 (1).	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does a physician or designee determine when an inmate is to be removed from medical isolation? Sec. 7.26 (2).	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)

The medical records are neat and organized. All History and Physicals reviewed were completed within 14 days as required.

Sick call slips were answered usually within 24 hrs of the inmate submitting the slip.

PART III - PHARMACY – LICENSING AND INSPECTION

		YES	NO	N/A
32.	Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked? Sec. 7.27.01.	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Does the facility have procedures relating to safe handling and storage of medical drugs? Sec. 7.27.01.	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)

PART IV - STORAGE AND HANDLING OF INDIVIDUAL PRESCRIPTIONS

	YES	NO	N/A
34. Does the policy and procedure for each facility, which maintains only individual prescriptions, include as a minimum: Sec. 7.28.01 & 02	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Prescription drugs that are not ordered or stocked in bulk quantities?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual prescriptions that are labeled with:			
1) Name and address of pharmacy?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Date of dispensing?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Name of prescribing practitioner?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Name of patient?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Directions for use?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Necessary warning statements?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Name and strength of medication?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Prescription number?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are all medications, individual prescriptions, bulk over-the-counter medications, needles and syringes kept in a locked area, except when being dispensed? Sec. 7.28.03	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is a log recording the issuance of prescribed medication maintained and made part of the inmate's file? Sec. 7.28.04.	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the log contain at a minimum: Sec. 7.28.05			
a. Name and number of the inmate?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name and strength of medication?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Direction for use?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and time of issue?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Initials of issuing personnel?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Amount of medication used?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special instructions or limitations on use?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When the inmate refuses medication, is the word "refused" written in the amounts issued column?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is unused medication stored in a separate container labeled with: Sec. 7.28.07			
a. Prescription number?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
b. Name of issuing pharmacy?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quantity of unused medication?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is unused medication, controlled or non-controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 21s-19.00, Florida Administrative Code, Methods of Destruction?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. When the inmate is transferred or released, are at least three (3) days of medications issued, unless otherwise directed by the facility physician? Sec. 7.28.09	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When an inmate being released refuses medication, is the word "refused" entered into the amount issued column? Sec. 7.28.10	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does medication requiring refrigeration comply with HRS Chapter 10-D which requires: Sec. 7.28.10			
a. Drugs and non-prescription medication shall be refrigerated?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a general use refrigerator is used, all medication shall be kept in a separate, covered, waterproofed labeled receptacles?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The refrigerator shall be maintained between 39 degrees Fahrenheit and 46 degrees Fahrenheit?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)

The medication cart and room were clean and neat. The refrigerator temperature was 40 degrees and the log book was current.
